Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: 01			X3) DATE SURVEY COMPLETED		
			A. BUILDING. VI			R		
		HAL029007	B. WING			4/2016		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
MALLARD RIDGE ASSISTED LIVING 9420 NORTH HIGHWAY 150								
CLEMMONS, NC 27012								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
{C 000}	Initial Comments		{C 000}					
	Report of Follow-up 3-24-2016.	Survey by Dennis Harrell on						
	Some deficiencies were not corrected. Further action is required.							
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}					
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND						
	maintained in a saft handling portable m could affect all resid cylinders fall, break cylinder and turning Findings include: Several portable me	et as evidenced by: ion, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the g it into a dangerous projectile. edical oxygen cylinders were roved beverage crate.						
	Findings on 3-24-20 Three medical oxyg container at all.	016: gen cylinders were stored in no						
{C 189}	C 189) Building Equipment Maintained Safe, Operating		{C 189}					
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS							

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

HAI 029007 B. WING 0	R / 24/2016							
HALU2900/ B.WINO 0								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
MALLARD RIDGE ASSISTED LIVING 9420 NORTH HIGHWAY 150								
CLEMMONS, NC 27012								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE							
{C 189} Continued From page 1 {C 189}								
(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2. Based on observation, several cross-corridor doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. Finding on 3-24-2016: b. A Wing door did not close completely and latch								

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